

WILL WORKSHEET

EGLIN AFB LAW CENTER (850) 882-4611

PRIVACY ACT STATEMENT

1. AUTHORITY: 10 USC § 8012
2. PRINCIPAL PURPOSE: Information is used by an attorney in the preparation of respondent's last will and testament.
3. ROUTINE USES: There are no routine uses of the information except for the preparation of the will.
4. DISCLOSURE: Voluntary. Information is privileged. However, if information is not provided, individual will not be able to obtain a last will and testament from an Air Force attorney.

1. FULL NAME (First, Middle, Last)/SSN

2. ADDRESS

1A. ADDRESS

2A STATE OF LEGAL RESIDENCE

3. CURRENT MARITAL STATUS

☐ Married ☐ Separated/Divorce Pending
☐ Divorced & Remarried ☐ Divorced & Single
☐ Single-Never Married ☐ Single (widow or widower)

4. CURRENT MILITARY STATUS

☐ Active Duty (AD) ☐ Retired (Ret.) from AD
☐ Spouse of AD ☐ Spouse of Ret. AD
☐ Family Member of AD ☐ Family Member of Ret. AD

5. SPOUSE'S FULL NAME (First, Middle, Last)

6. CHILDREN

FULL NAME (First, Middle, Last)	AGE	NATURAL/ADOPTED/ STEP

7. PROPERTY AND PROPERTY DISTRIBUTION

A. Do you want each of the assets you list below to be distributed all to one individual?

YES NO

If no, list the assets and the beneficiary, to whom you wish to give this property

IF YOU WANT TO PASS IT SEPARATELY, DESCRIPTION OR LOCATION OF REAL ESTATE WHO GETS IT?

B. DO YOU OWN A FAMILY FARM OR BUSINESS, YES OR NO? _____

WHO SHOULD GET THE FARM OR BUSINESS? _____ WHAT IS THEIR RELATIONSHIP TO YOU? _____

C. FOR FLORIDA RESIDENTS ONLY: DO YOU WANT TO PREPARE A PERSONAL PROPERTY MEMORANDUM (to leave specific items of personal property to a specific person(s)), YES OR NO? _____

D. DO YOU WANT TO LEAVE A CERTAIN SUM OF CASH TO A PARTICULAR INDIVIDUAL, YES OR NO? _____

NAME AMOUNT

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E. PRIMARY BENEFICIARIES (Who do you want to receive the remainder of your estate? Alternate beneficiaries are listed on the other side.)

If you are married:

☐ My spouse or if my spouse isn't surviving, then my children
☐ Disinherit my spouse to the greatest extent permitted by law, then my children

If you are single, or if you plan to disinherit your spouse and/or child(ren):

☐ To the following beneficiaries who survive me in equal shares
☐ To the following beneficiaries in equal shares or if one isn't surviving, then his or her children
☐ To the following beneficiaries in the portions stated or if one isn't surviving, then his or her children
☐ To the following beneficiaries in the portions stated or if one isn't surviving, then his or her portion is divided among the survivors equally

FULL NAME (First, Middle, Last)	RELATIONSHIP	% SHARE

F. CHILDREN & GRANDCHILDREN

1. If one of your children who was to inherit failed to survive you, how do you want his or her share of the estate distributed?
 ____ I want my child's share to pass to his or her children, i.e. my grandchildren parented by that child. (This is called *per stirpes*.)
 ____ I want my child's share to first pass to my other children; if none of my children survive, then to my grandchildren who survive me in equal shares. (This is called *per capita*.)
2. Do you want to treat adopted children and/or stepchildren the same as natural children?
 ____ Yes. Treat my adopted children and/or stepchildren the same as my natural children.
 ____ No. Do not treat my adopted children and/or stepchildren the same as my natural children.
 ____ N/A. I do not have any adopted children and/or stepchildren.

G. IF A MINOR IS ENTITLED TO RECEIVE ANY SHARE OF YOUR ESTATE, HOW OLD MUST THEY BE TO TAKE POSSESSION? (CIRCLE ONE) 18 19 20 21

H. ALTERNATE BENEFICIARIES (Who do you want to receive the remainder of your estate in the event neither your spouse, your children, nor your grandchildren (or other primary beneficiaries) survive you?)

FULL NAME (First, Middle, Last)	RELATIONSHIP	% SHARE

I. PERSONAL REPRESENTATIVE: The personal representative, also referred to as the executor, is the person appointed by you who, after your death, inventories your assets, pays debts and expenses, distributes your estate according to your Will, and submits an accounting to heirs and the court. This person (often a spouse) should be an individual you trust implicitly, as well as a person you believe will faithfully carry out their responsibilities as executor. The person appointed should be notified and agrees to serve before being appointed. If any of your beneficiaries are minors the executor may be required to manage a portion of the estate for the benefit of that child. In this instance it is important that your representative be familiar and experienced with managing and investing money.

1. Do you want to give your Executor control/discretion on when and how to distribute a minor child's inheritance?
 ____ Yes ____ No By answering no, you may create a Trust that can have additional requirements and expenses.

1. If no, who do you wish to exercise that control? _____ Relationship: _____
 2. If any of your children do not survive you, do you want his or her potential share of your inheritance to pass to his or her children (your grandchildren)? ____ yes ____ no
 3. Do any of your children or other beneficiaries have either a physical or mental disability? ____ yes ____ no

FLORIDA RESIDENTS: Florida law requires the personal representative to be either a blood relative or Florida residents. In-laws may or may not qualify as a personal representative. Consult your legal assistance attorney. See Fla. Stat. Ann. § 733.304

FULL NAME (First, Middle, Last)	RELATIONSHIP	STATE OF CURRENT RESIDENCE
Primary		
Alternate		
2 nd Alternate		

J. GUARDIANS (Who do you want to raise your children in the event that neither parent survives them?) (In the event you are divorced and remarried, your ex-spouse may still have the ability/right to be the guardian. However, in the event the ex-spouse is unable or unwilling to be the guardian, you may name your current spouse now to be the guardian for those children. If you do, you still need to name an alternate guardian and a second alternate guardian in the event your current spouse fails to survive you.)

FULL NAME (First, Middle, Last)	RELATIONSHIP	STATE OF CURRENT RESIDENCE
Primary		
Alternate		
2 nd Alternate		

K. Do you own any real estate?	YES	NO
Please list the properties and who is named on the deed.		
1. Property/Fair Market Value:		\$ _____
Title Holder:		
Is there a mortgage?		
2. Property/Fair Market Value:		\$ _____
Title Holder:		
Is there a mortgage?		
3. Property/Fair Market Value:		\$ _____
Title Holder:		
Is there a mortgage?		
4. Property/Fair Market Value:		\$ _____
Title Holder:		
Is there a mortgage?		

L. Do you own any stocks or bonds?	YES	NO
4. Account/ Amount:		\$ _____
Whose name is on this account?		
Who is the Payee on Death (POD)?		
2. Account/Amount:		\$ _____
Whose name is on this account?		
Who is the Payee on Death (POD)?		
3. Account/Amount:		\$ _____
Whose name is on this account?		
Who is the Payee on Death (POD)?		

M. Do you have life insurance coverage?	YES	NO
1. Policy/Amount		\$ _____
Who is the Beneficiary?		
2. Policy/Amount:		\$ _____
Who is the Beneficiary?		
3. Policy/Amount:		\$ _____
Who is the Beneficiary?		
Please list the combined total coverage		\$ _____

N. List your Checking, Savings, Money Market and IRA Accounts:	
1. Account/Amount:	\$ _____
Whose name is this account in (List everyone)?	
Who is the Payee on Death (POD)?	

2. Account/Amount: \$ _____

Whose name is on this account?

Who is the Payee on Death (POD)?

3. Account/Amount: \$ _____

Whose name is on this account?

Who is the Payee On Death (POD)?

4. Account/Amount: \$ _____

Whose name is on this account?

Who is the Payee On Death (POD)?

O. Please estimate the TOTAL worth of your estate (THE SUM OF LINES A-D) include any annuities or pensions.

\$ _____

Please note: Florida residents are subject to the Homestead Law, which limits who can inherit your home if you have minor children or are married.